

Oregon Public Health Association Annual Conference
October 2014

Oregon Project LAUNCH Deschutes County



Introduction:

Beth Gebstadt – MPH, MS Oregon Health Authority

Collective Impact:

Maggi Machala, MPH, RN – Deschutes County Health Services

System Integration:

Stephanie Sundborg, MS - Deschutes County Health Services

Strengthening Families:

Shannon Lipscomb, Ph.D. – Oregon State University Cascades

Discussion:

Susan Keys – Ph.D. – Oregon State University Cascades

Project LAUNCH

Linking Actions for Unmet Needs in Children's Health

- The Oregon Maternal and Child Health Section received the Project LAUNCH grant from the Substance Abuse and Mental Health Services Agency (SAMHSA) to promote young child wellness
- This five year grant provided resources for Deschutes County to pilot evidence-based early childhood and family programs and practices
- The goal of this local project was to inform state practices and/or policies

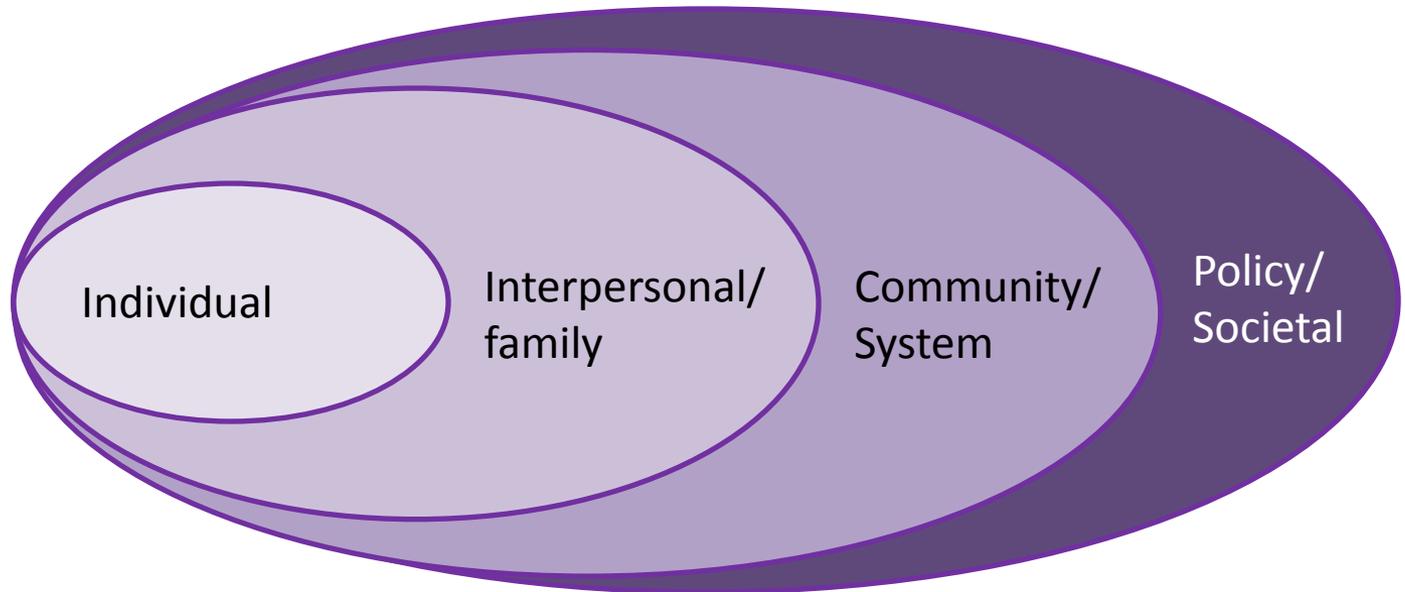
State and Local Young Child Wellness Councils and Partnerships were one of the primary ways that program, practice and policy decisions were made

Project LAUNCH

Linking Actions for Unmet Needs in Children's Health

Main Philosophy of Project LAUNCH:

- Ecological Model
- Public Health Approach
- Holistic Perspective



Individual

Interpersonal/
family

Community/
System

Policy/
Societal

Presentation
Topics

Project LAUNCH
Overview

State
Perspective

Project LAUNCH

Overarching Goals

- Increased access to screening, assessment, and referral to appropriate services for young children and their families
- Expanded use of culturally relevant, evidence-based prevention and wellness promotion practices in a range of settings
- Increased integration of behavioral health into primary care settings
- Improved coordination and collaboration across disciplines at the local, state, and federal levels
- Increased workforce knowledge and training of children's social and emotional development

Project LAUNCH

Prevention and Promotion Strategies

- Screening and assessment in a range of child-serving settings
- Integration of behavioral health into primary care settings
- Mental health consultation in early care and education
- Enhanced home visiting through increased focus on social and emotional well-being
- Family strengthening and parent skills training



Oregon Project LAUNCH -Deschutes County

Collective Impact

Presented by: Maggi Machala, MPH, RN

Oregon Public Health Association
Annual Conference
September 2014

Collective Impact
Conditions

Common
Agenda

Shared
Measurement

Mutually
Reinforcing
Activities

Continuous
Communication

Backbone
Organization



Background

Collective Impact = the commitment of partners from different sectors to a common agenda for solving a specific problem.

Relationships!

Background

Mission Statement:

Deschutes County Launch shall integrate existing child and family services delivery system into a team of collaborative agencies focused on promoting child wellness and strengthening family assets.

**Collective Impact
Conditions**

**Common
Agenda**

Shared
Measurement

**Mutually
Reinforcing
Activities**

Continuous
Communication

Backbone
Organization

Achieving Collective Impact

Early Childhood Wellness

Public Awareness Campaign

- Common voice
- Educate public and policy makers
- Supports sustainability
- Partners participate in activities/common messaging
- LAUNCH deliverable



Achieving Collective Impact

Public Awareness Campaign

Action Steps Year I:

- Formed a task group of partners
- Contracted with a consultant
- Developed logo/brand



LASTS A LIFETIME



DURA TODA LA VIDA

Achieving Collective Impact

Public Awareness Campaign

Action Steps Year II:

- Developed Website
- Developed PSA- Early Childhood Wellness
 - Aired on network/cable TV, website and by partners
 - Developed accompanying materials distributed by partners

Achieving Collective Impact

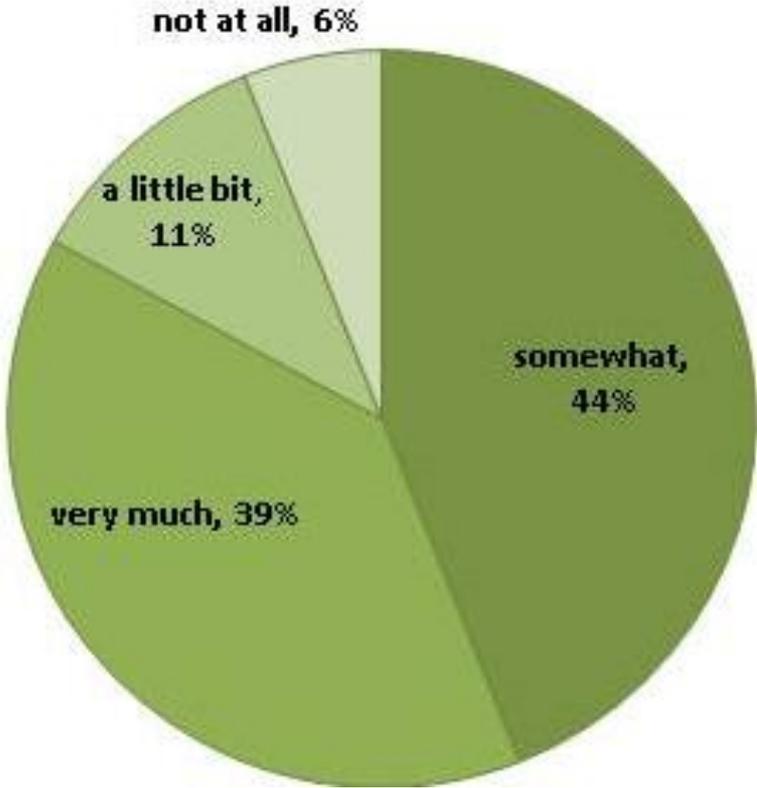
Public Awareness (PA) Campaign

Action Steps Years III-V:

- Developed a different PSA each year with materials
- Campaign brand common thread throughout
- Themes based on environmental scan and partner input
 - **Perinatal Depression** (St. Charles Hospital- partner)
 - **Oral Health** (Advantage Dental- partner)
 - **Early Literacy** (public libraries- partner)

Measuring Collective Impact

How well did the PA Campaign support a Common Voice? (2014 council survey, n=18)



83% felt it somewhat or very much supported a common voice.

Most Important Components

- Parent Resource Guide
- PSA, Maternal Depression
- PSA, EC Wellness
- Website, EC Wellness

Collective Impact
Conditions

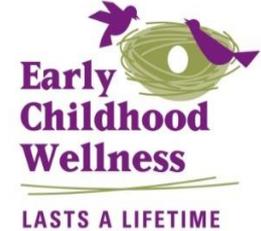
Common
Agenda

Shared
Measurement

Mutually
Reinforcing
Activities

Continuous
Communication

Backbone
Organization



Measuring Collective Impact

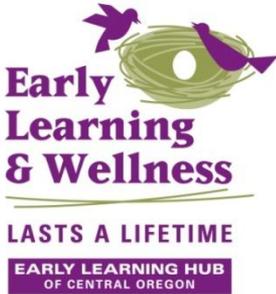
What about sustainability of the PA Campaign?

Most Important Components to Sustain:

- PSAs
- Parent Resource Guide
- Maternal Depression brochure

PA Campaign transferred to the EL HUB

Local TV station (KTVZ) has become a partner



**Collective Impact
Conditions**

**Common
Agenda**

**Shared
Measurement**

**Mutually
Reinforcing
Activities**

**Continuous
Communication**

**Backbone
Organization**



Measuring Collective Impact

How did Project LAUNCH affect overall Collective Impact?

- Conducted Council member interviews
- Used a social network analysis instrument called the **Partner Tool** www.partnertool.net
 - 15 minute online survey
 - Map relationships between network members
 - Assess gaps and strengths
 - Measure how collaboration changes over time
 - Capture perceptions of outcomes

Measuring Collective Impact

Partner Tool cont.

- LAUNCH Council Members asked to complete it in **2012 (n=27)** and **2014 (n=30)**
- 23 of the same organizations completed the survey both years
- Members answered questions about their own organization as well as member organizations
- Individual partner reports were created as well as an overall network report
- Network report was discussed with group and used to inform strategic planning

Measuring Collective Impact

Collective Impact Conditions

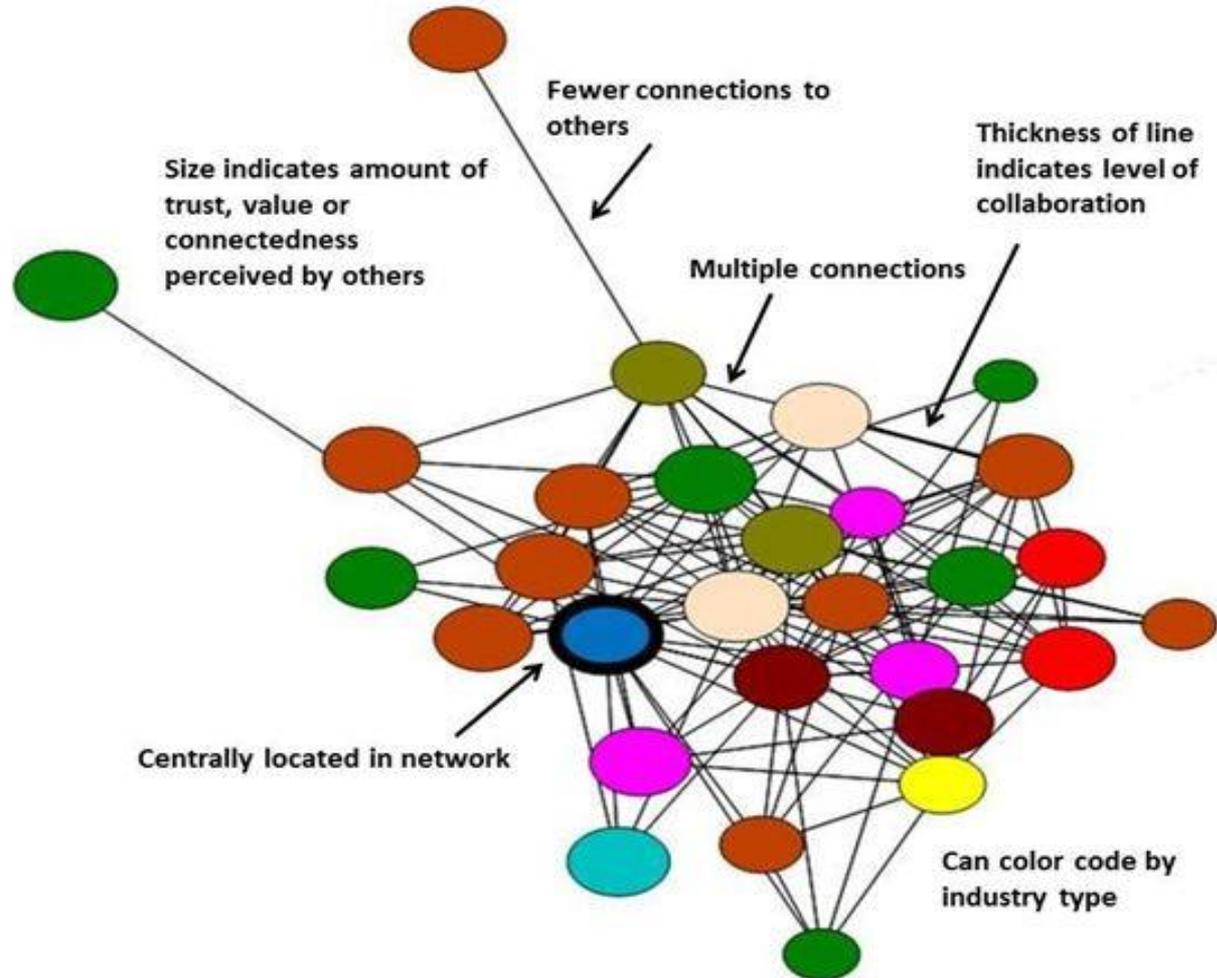
Common Agenda

Shared Measurement

Mutually Reinforcing Activities

Continuous Communication

Backbone Organization



Measuring Collective Impact

LAUNCH Partner Tool Findings:

- **75%** response rate in 2012 and **90%** rate in 2014
- Reported partner trust increased from **65%** in 2012 to **69%** in 2014
- **76%** report the collaborative has been **successful** or **very successful** at reaching its **goals**. (2014)
- **42%** report **system integration** is the most important outcome of the collaborative (2014)

“In five years, LAUNCH has managed to consolidate and move partners in one direction—recognizing individual strengths and collective power.”

2014 Council Member

Collective Impact
Conditions

Common
Agenda

Shared
Measurement

Mutually
Reinforcing
Activities

Continuous
Communication

Backbone
Organization



LASTS A LIFETIME

Measuring Collective Impact

Council Member interview findings:

- Lack of a shared community data system is a major barrier to collective impact and system integration.
- Although there has been progress with collective impact, partners still struggle with service delivery silos.
- Allowed flexibility in the project supported innovation and collaborative work.
- Lessons learned should be shared with other collaborative efforts such as Early Learning HUB.

Lessons Learned

1. Spend time with the collaborative group, or one on one, to **hear** perspectives, develop common understanding, and build **respectful relationships**. – Be **flexible**.
2. After developing the group mission, develop a group **brand** and consider developing a **PA campaign** to give voice to your common agenda and to help with sustainability.
 - Consider hiring a **PR consultant**
 - Focus on a different **topic each year** and involve partners in activities and messaging
 - Consider bringing a **TV** station into your partnership
3. Advocate for a **community data system**
4. Consider using a network analysis instrument such as the **Partner Tool** to evaluate progress toward collective impact.

“Together we can do big things. It’s stone soup.”

LAUNCH Council Member 2014



Oregon Project LAUNCH - Deschutes County

System Integration

Presented by: Stephanie Sundborg, MS

Oregon Public Health Association
2014 Annual Conference

**Healthy Child
Family Support
Team**

Basic Needs
Behavioral
Health
Primary Care
PH Health

**Maternal Child
Health Initiative**

Public Health
Primary Care

**Maternal
Mental Health**

Public Health
Behavioral
Health
Primary Care

Healthy Child Family Support Team

**Basic Needs* Behavioral Health * Primary
Care * Public Health**

Maternal Child Health Initiative

Public Health * Primary Care

Maternal Mental Health System

**Public Health * Behavioral Health * Primary
Care**



LASTS A LIFETIME

HCFST: Background

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care

Team Approach:

Basic Needs -Behavioral Health- Primary Care

BH Therapist

Individual therapy; PCIT

FAN Advocate -*Early Childhood*

Point of entry; Basic
needs; referrals

Nurse Practitioner

Screens; well child
exams; medical
support



LASTS A LIFETIME

HCFST: Evaluation

Qualitative Interviews

4 FAN (3 advocates, 1 supervisor)

2 Behavioral Health Therapists

2 Nurse Practitioners

Questions (example)

- What impacted the degree of integration you experienced?
- What are some lessons learned?
- How well do you think the FAN advocate integrated into the community or work you do?

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care



LASTS A LIFETIME

Findings

System Integration is challenging

- Multiple data systems – difficult to share
- Duplicate data entry - charting

Working as a team is beneficial

Able to share information about families. Without LAUNCH this will no longer happen (HIPAA)

Everyone is able to see the big picture

“Seeing how important all the pieces are and not compartmentalizing” (HCFST team member)

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care

Findings

Relationships – Relationships – Trust - Trust

Location is Important

- School site not best for early childhood
- WIC as a possibility

“Did not feel like I should have been at a school...got referrals from partners – not school” (HCFST team member)

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care

MCHI: Background

- CCO health transformation project
- Prevention and Population Health
- Integration of primary care and public health

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

**Maternal Child
Health Initiative**

**Public Health
Primary Care**

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care



LASTS A LIFETIME

MCHI: Background

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

**Maternal Child
Health Initiative**

**Public Health
Primary Care**

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care

- Case management
- Referral to services
- PH prevention practices
 - Screens

Embedded home
visiting nurse in
OB/GYN clinic



MCHI: Background

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

**Maternal Child
Health Initiative**
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care


**Early
Childhood
Wellness**
LASTS A LIFETIME

Additional Home Visiting nurses

- 1 Nurse Family Partnership (EBP)– bilingual/bicultural
- 1 CaCoon (Promising Practice)
- .5 Maternity Case Management in Jefferson County
- .5 Maternity Case Management in Crook County



MCHI: Other Activities

Included:

- **Depression screening**
 - Implementation and support
 - Establishing a referral protocol
 - Fax back loop created

- **Relationship building** opportunities between public health and primary care

Healthy Child
Family Support
Team

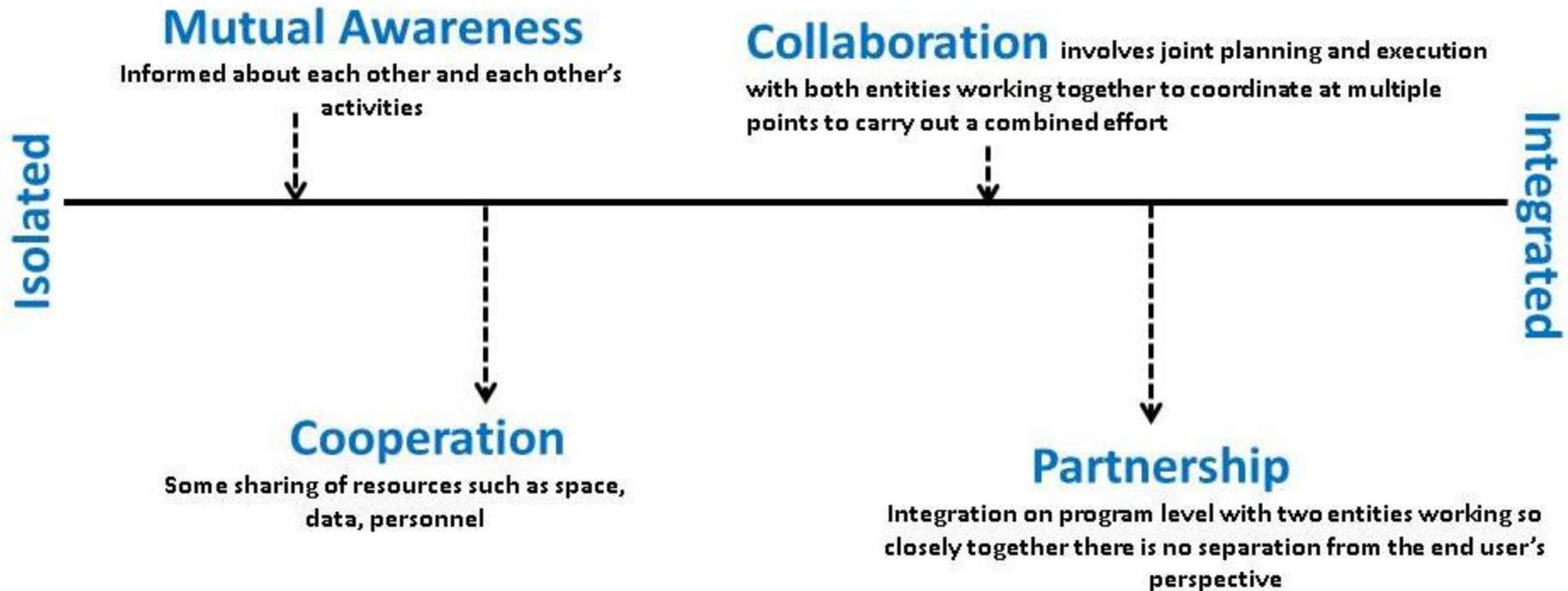
Basic Needs
Behavioral
Health
Primary Care
PH Health

**Maternal Child
Health Initiative**
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care



Institute of Medicine Integration Continuum for Public Health and Primary Care



(Institute of Medicine, 2012)

MCHI: Evaluation

Qualitative Interviews Pre/Post

Pre (25 -Ob/Gyn and PH staff); post in process

- Changes in attitudes and practice
- **Benefits** of having a PH nurse within primary care.
 - What worked well?
- **Challenges** of integration
 - What would contribute to improving collaboration?

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

**Maternal Child
Health Initiative**
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care



MCH: Preliminary Findings

- Face to face is beneficial for staff and patients/clients. Co-location is important. ★
- Relationships – Relationships – Trust - Trust ★
- Staff should be experienced so they only have one system to learn, not two (or more).
- Technical assistance is critical when implementing new practices, e.g. screen and referral procedures. It must be available to get started but also ongoing.

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

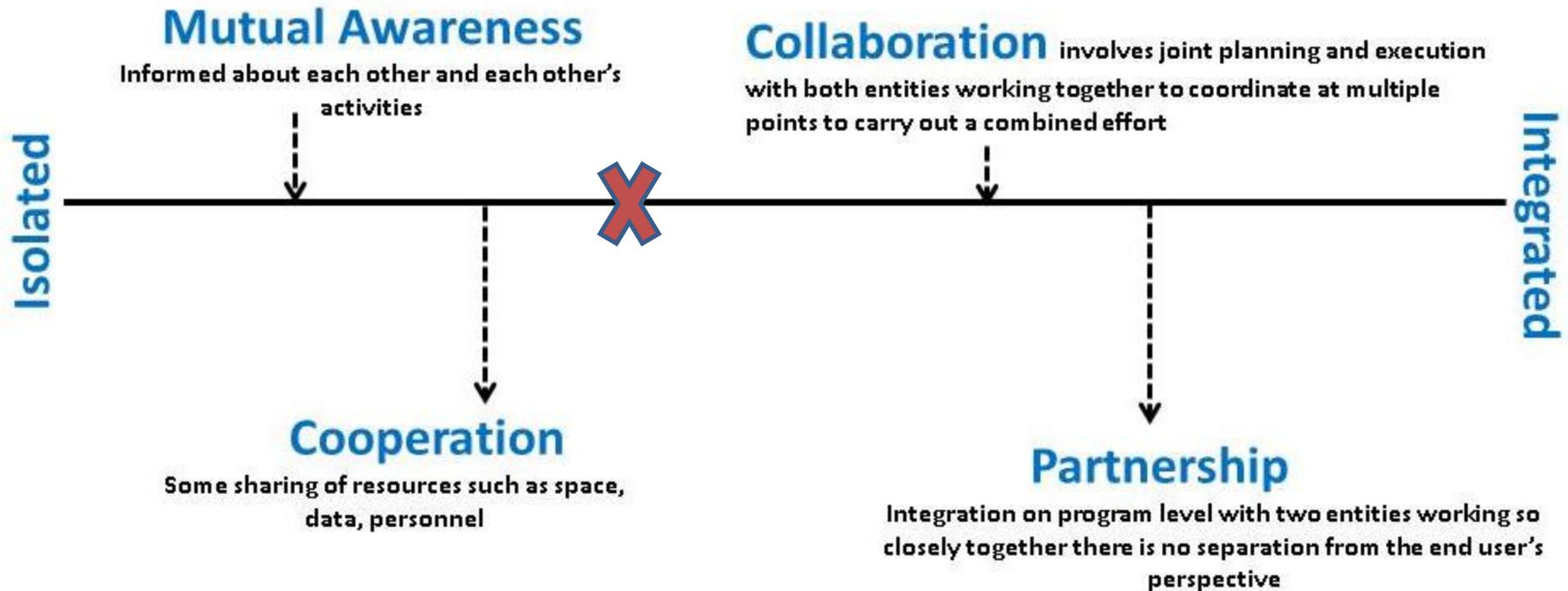
**Maternal Child
Health Initiative**

Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care



LASTS A LIFETIME



On average, respondents felt the project is currently between cooperation and collaboration (n=19).

MMH: Background

- **Advisory Council** - Cross sector
- **Community Awareness** – PSA; brochures; training
 - **Training** – Using screening tool and referral protocol
 - **Technical Assistance** - established algorithm
 - **Referral** process established
 - Direct to BH
 - Postpartum Support International
 - **Fax back feed back loop**
 - **Embedded BH therapist** in WIC
 - **Training** – Using screening tool



Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

**Maternal
Mental Health**
Public Health
Behavioral
Health
Primary Care

MMH: Evaluation

Qualitative Focus Group / Interviews

15 WIC Staff (focus group)

7 Providers / staff OB/GYN and Peds Clinic (interviews)

2 Behavioral Health Clinician (interviews)

4 Public Health Home Visiting Nurses

Questions (example)

- Has the MMH system made a difference to the women and families you serve?
- What components have been most helpful [PSA, Screens, Brochure, etc]?
- What gaps still remain in the system?

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

**Maternal
Mental Health**
Public Health
Behavioral
Health
Primary Care



Findings

Timing and Location are Important

- Warm hand offs make a big difference

The endorsement of a WIC certifier or a medical provider helps moms take that next step.

- Walk-in availability makes a big difference

“...there are so many barriers to treatment and they don’t come back. It’s like that’s their one chance to sit in my office for 40 minutes or so to do some brief interventions and talk about self care and support.” (BH Provider)

Healthy Child
Family Support
Team

Basic Needs
Behavioral
Health
Primary Care
PH Health

Maternal Child
Health Initiative
Public Health
Primary Care

Maternal
Mental Health
Public Health
Behavioral
Health
Primary Care



Findings

Awareness and Education Take Time

- Referrals to PSI / St. Charles

Technical Support is Needed

- Algorithm – 12th version

Screening is Valuable

“...to look at her and to talk to her you’d never expect it, so that depression screen is cutting through and bringing to the forefront some issues that otherwise would get missed” (Clinic Provider)

Implications for System Integration

Healthy Child
Family Support
Team

Maternal Child
Health Initiative

Maternal
Mental Health

- Co-location is helpful
but \neq integration
- Relationships and trust are critical
- Keep it simple, be patient and
give it time

And...advocate for a

common data system!



Oregon Project LAUNCH -Deschutes County

Family Strengthening

Presented by: Shannon Lipscomb, Ph.D.
Oregon State University-Cascades

Oregon Public Health Association
Annual Conference
September 2014

Overview

LAUNCH goal: to support parents, so that parents can in turn support their children.

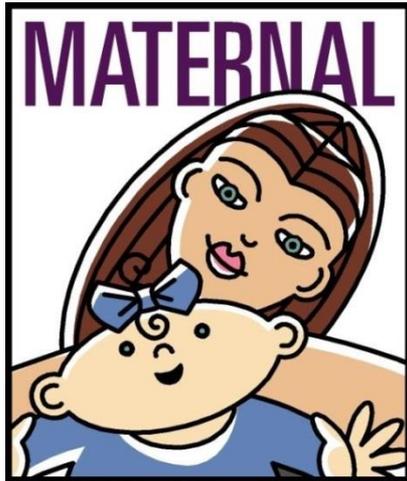
- **Multiple Strategies**
 - Healthy Child Family Support Team
 - Parenting Education
 - Home visitation
 - Mental Health Therapy
 - Maternal Mental Health (MMH)*
 - Parent-Child Interaction Therapy (PCIT)*



Maternal Mental Health (MMH) Findings:

Postpartum Support International Warm Line

- Very few calls prior to MMH (anecdotal).



- Since MMH (2012):
 - Calls from mothers: 172
 - Referrals from physicians: 232
 - Pediatrics: 173
 - Ob/Gyn: 59

- No evaluation yet of results of referrals (services or outcomes).

MMH Findings: OB/GYN Clinic



First quarter results (Jan-March, 2014) .

- High rate of screenings: 96% (N = 806).
 - Prenatal = 99%; Postpartum = 87%
 - All received info about depression.
- 10% (N = 85) positive (moderate-severe depression).
 - 14% OHP vs. 7% private insurance.
- Preliminary data on referrals:
 - 39 referred to the warm line for follow-up (+20 since 3/14).
 - 25 referred directly to Behavioral Health treatment.
 - Others unknown due to limitations in data.

Maternal
Mental Health

Parent-Child
Interaction
Therapy

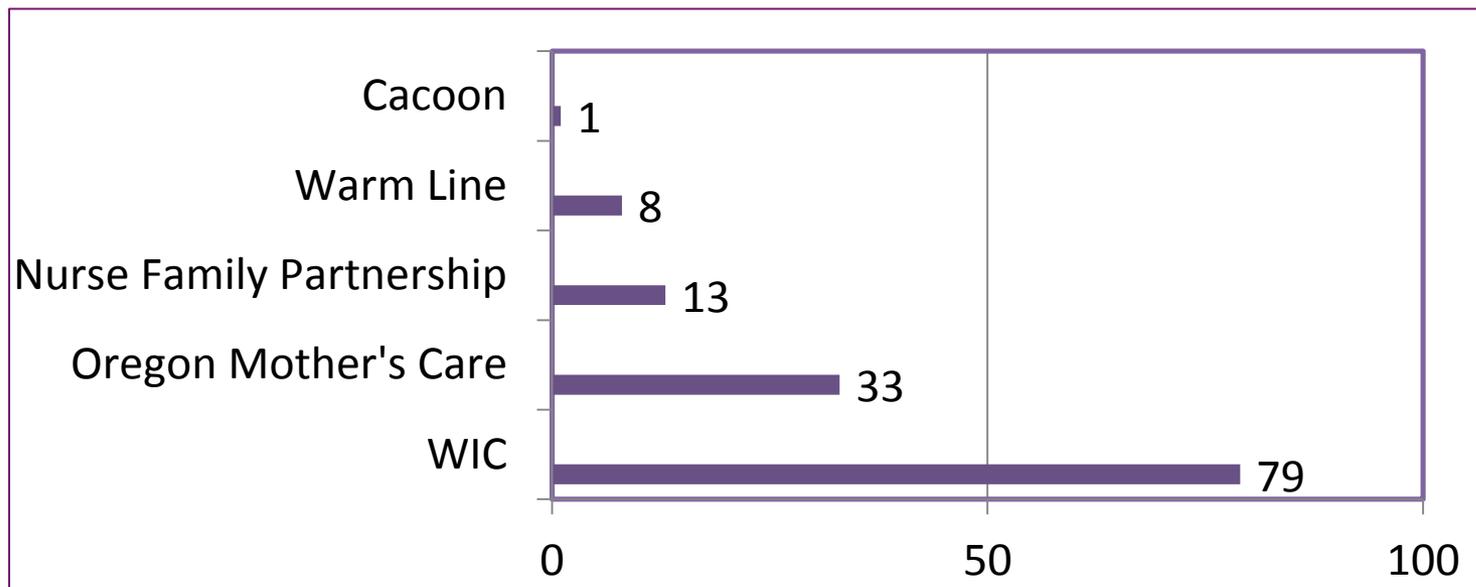
MMH Findings:

WIC Behavioral Health Therapist

Results from past 11 months (ending Sept. 2014)



- 132 referrals (avg. 12/mo.)



- 40 depression screens completed.
 - 75% positive for depression.

Maternal
Mental Health

Parent-Child
Interaction
Therapy

MMH Implications

- New mothers at elevated risk for depression are receiving screenings and/or being referred for therapy.
- A system is in place to support mothers and link screenings, referrals, and treatment.
- More evaluation is needed to determine:
 - Success in getting mothers needed treatment.
 - Reduction in maternal depression.



Parent Child Interaction Therapy (PCIT): Background

- **Purpose:** to improve the quality of parent-child relationships & interactions.
- **Service:**
 - “Bug-in-the-ear”; one-way mirror.
 - Child-Directed Interaction (CDI): strengthen relationship.
 - Parent-Directed Interaction (PDI): behavior management.
- **Capacity Building:**
 - 7 PCIT facilities
 - Training for 16 providers & 3 trainers

“Being trained in PCIT has impacted all of the work I am doing with children and families. I find myself using the skills in the moment with families and have trained staff It has improved the overall emotional support that children are getting in our program.”

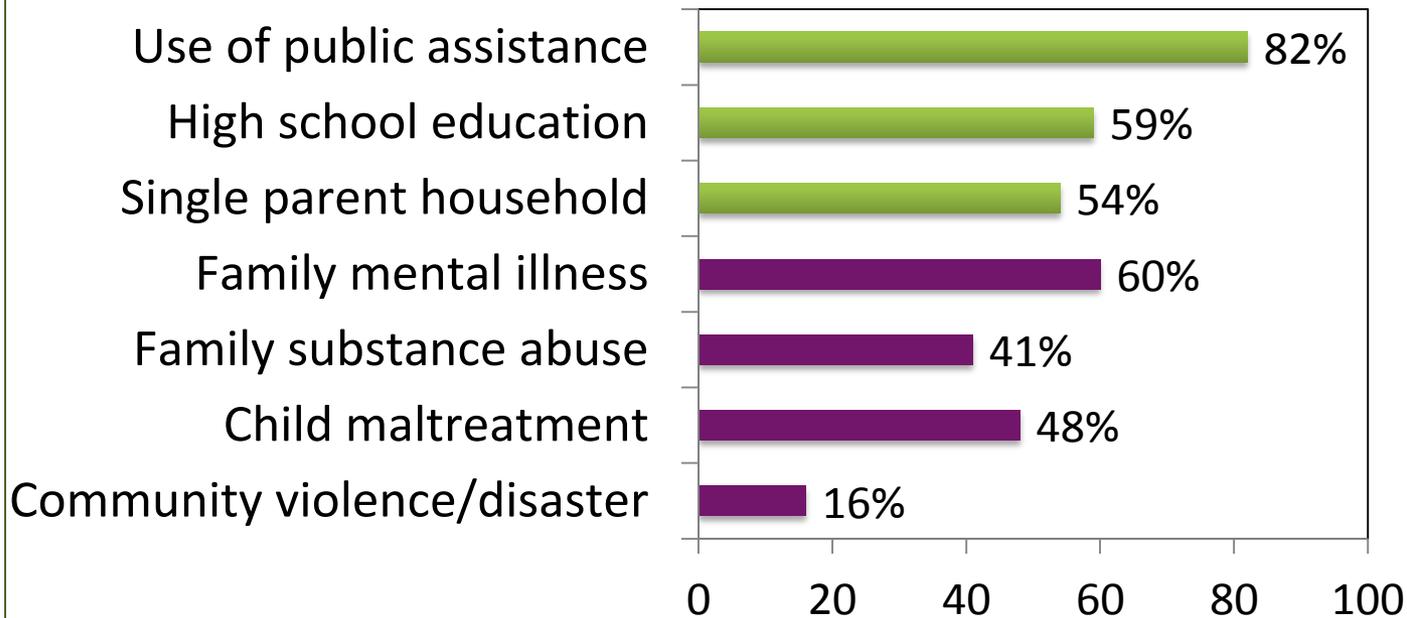
- LAUNCH Service Provider

PCIT Evaluation

- 208 Participants

- Average child age = 4.9 yrs; 67% male
- Average parent/caregiver age = 32 yrs.
- 94% English speakers; 6% Spanish or bilingual

Percentage of PCIT Families reporting LAUNCH Risk Characteristics



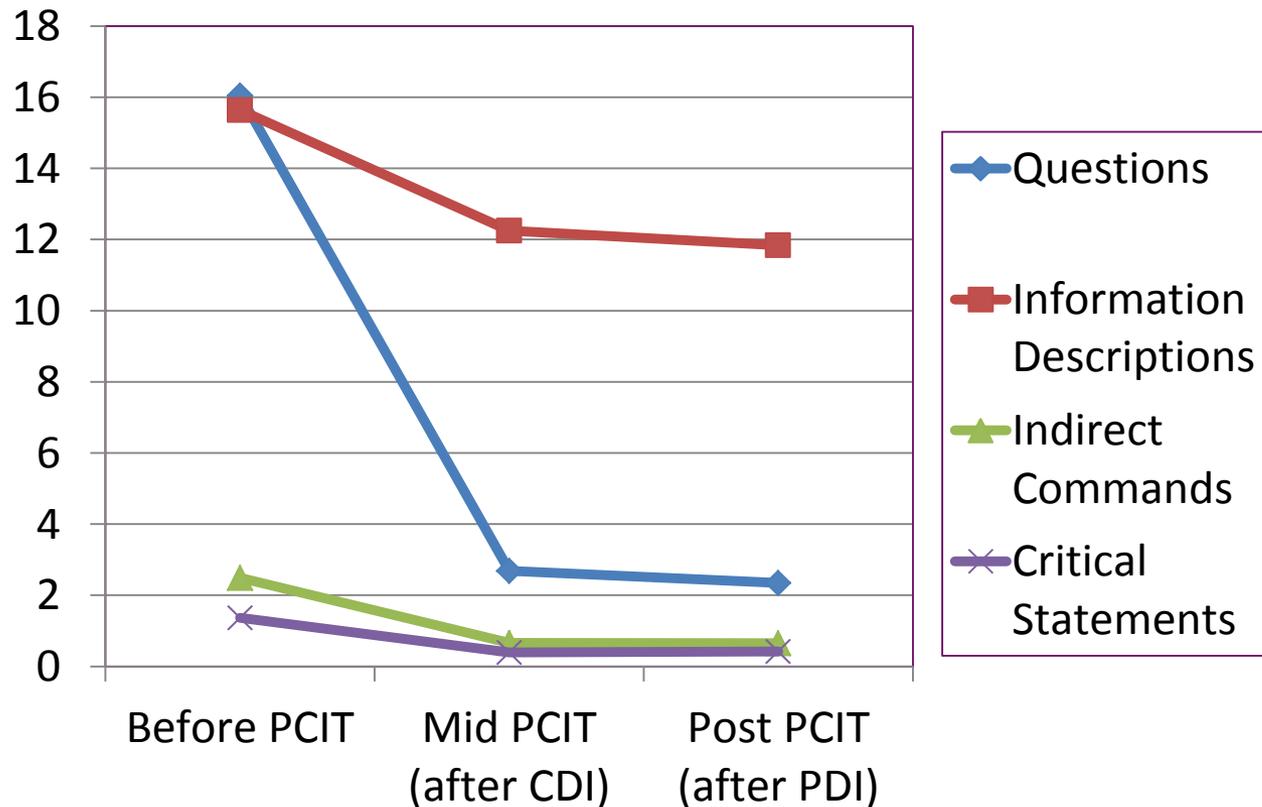
PCIT Evaluation

- Two evaluation components
 - Outcomes for families that complete the program.
 - Program completion:
 - How many families complete PCIT?
 - Which families tend to drop out the most?
- Outcome measures (pre, mid, post)
 - **Parent-child interactions during PCIT:** Dyadic Parent Interaction Child Scale (DPICS), scored by therapists. Eyberg, Nelson, Duke, & Boggs, 2005
 - **Parent Stress:** Parent survey of stress about parenting and difficult child behaviors (Parenting Stress Index). Abidin, 1995
 - **Child conduct problems:** Parent survey of child conduct problems (Eyberg Child Behavior Inventory) . Eyberg & Pincus, 1999

PCIT: Preliminary Findings

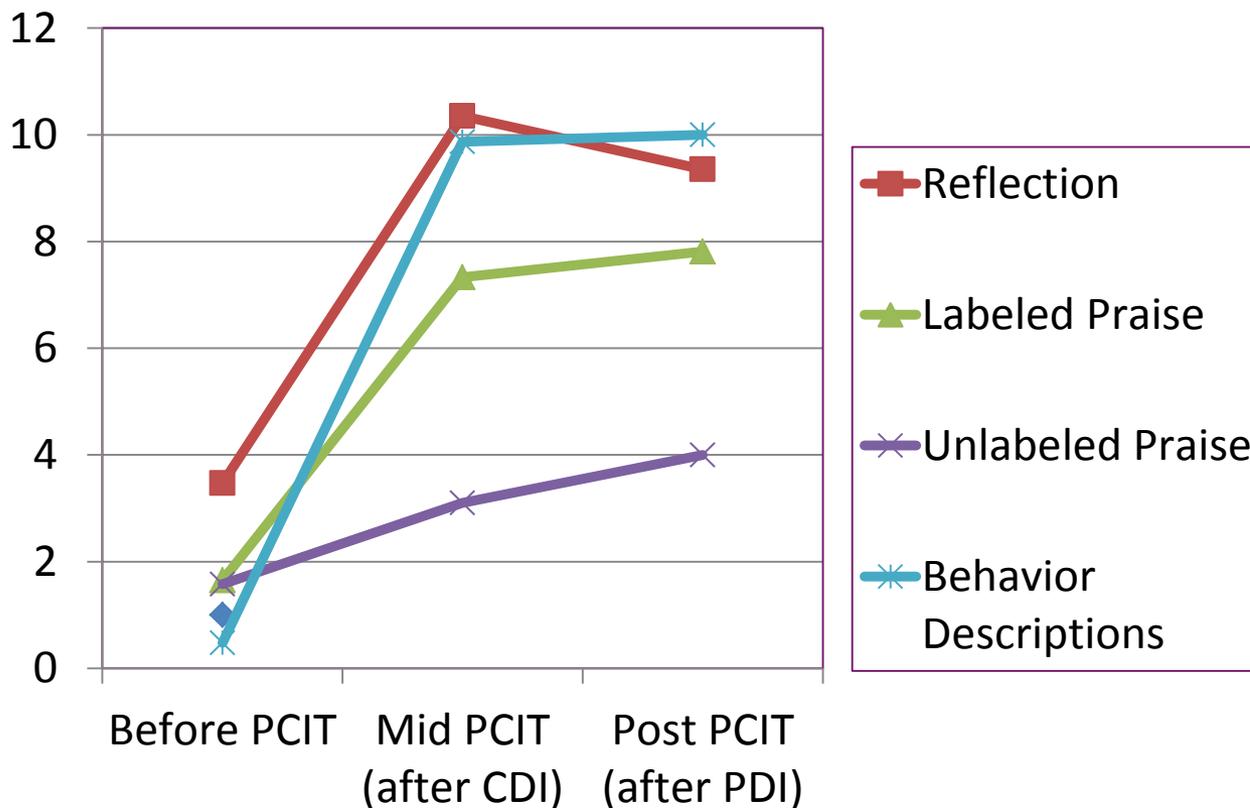
Therapists noted significant improvements in parent behaviors during PCIT sessions (N = 37, to date)

Changes in undesired behaviors (DPICS)



PCIT: Preliminary Findings

Changes in desired behaviors



Maternal
Mental Health

Parent-Child
Interaction
Therapy

PCIT: Preliminary Findings

- **Significant Decreases in Child Behavior Problems**
 - Both **number** and **intensity** of problems

“Parents are burned out and exhausted by their child’s behavior. PCIT has given them a chance to enjoy their kids and repair broken bonds.” - PCIT Therapist

- **Significant Decreases in Parenting Stress**
 - All subscales.
 - Defensive responding
 - Parental distress
 - Difficult child
 - Parent-child dysfunction in interaction

PCIT: Preliminary Findings

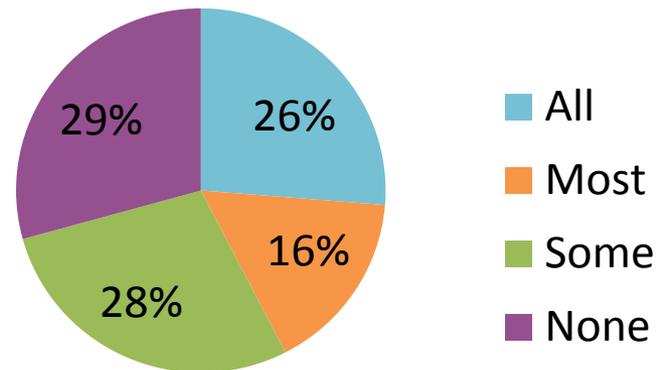
Program Completion

- 39% completed PCIT (61% terminated early)
 - 52% completed Child Directed Interaction (CDI)
- Families who more likely to drop out early:
 - Lower income
 - Lower parent education
 - Parent mental illness

Goals

- 33% mastered all material
- 44% mastered CDI

PCIT treatment goals met



(Sample = 105 dyads with known completion status)

PCIT Implications



- LAUNCH built local capacity.
 - Facilities, workforce
- How to translate capacity into positive outcomes for children and families.
 - PCIT completion → benefits.
 - Many families drop-out.
 - Need to better understand who, why, when.
 - Better referral of families into PCIT vs. other services.
 - Changes in practices or supports to improve retention.

Maternal
Mental Health

Parent-Child
Interaction
Therapy

Oregon Project LAUNCH

Alignment and/or Integration into large State Initiatives

- **Developmental Screening:** This strategy aligned with CCO and Early Learning HUB Accountability Metrics
- **Integration of behavioral health into primary care:** This goal is one of the main foci of the CCO work
- **Home Visiting:** Nurse Family Partnership was expanded into other counties within the Maternal Infant Early Childhood Home Visiting (MIECHV) Grant
- **Family Strengthening and Parent Skills:** The Parenting education and parent engagement efforts informed the state Title V Parenting Priority

Oregon Project LAUNCH

Programmatic/Policy Implications

- Maternal Mental Health Initiative
- Adverse Childhood Experiences (ACEs) and Trauma Informed Care
- Parent Engagement and Leadership

Program Briefs will be posted at www.earlylearninghubco.org and <http://public.health.oregon.gov/HealthyPeopleFamilies/>



Beth Gebstadt, MPH, MS- Oregon Health Authority
Maggi Machala, MPH, RN – Deschutes County Health Services
Stephanie Sundborg, MS - Deschutes County Health Services
Viktor Bovbjerg, PhD, MPH – Oregon State University
Shannon Lipscomb, PhD – Oregon State University Cascades
Denise Rennekamp, MS - Oregon State University
Amanda Armington, MPH - Oregon State University
Michaella Sektnan, MS– Oregon State University
Sarah Kingston, MPH – Deschutes County Health Services

For more information contact

Beth Gebstadt: beth.gebstadt@state.or.us

Viktor Bovbjerg: Viktor.Bovbjerg@oregonstate.edu

Nationwide, Project LAUNCH demonstration sites are pioneering new ways to promote young child wellness (prenatal - age 8).



This initiative was developed in part under grant # IH79SM058339-01 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.